



APPLICATION FOR FIRE/LIFE SAFETY SUBMITTAL

Building Division
Community Development Center
231 NE 5th Street, McMinnville, OR 97128
(503) 434-7314 ♦ Fax (503) 474-4955

This permit is issued under OAR 918-460-0030.
Permits expire if work is not started within 180 days
of issuance or if work is suspended for 180 days.

Applications may be obtained online at:
www.ci.mcminnville.or.us

1. Job Site Location:

Address: _____

2. Property Owner:

Name: _____

Mailing Address: _____

City/State/Zip: _____

3. Applicant:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone No.: _____

Signature: _____

4. Contractor Information:

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone No.: _____

CCB License No.: _____

Print Name: _____

Signature: _____

5. Signature Required (Fire Alarm Submittal's Only)

Electrical Supervisor's Signature: _____

Print Name: _____

Electrical Supervisor's License No. _____ Expiration Date: _____

Office Use Only

Permit No.: _____

Date Received: _____

CATEGORY OF CONSTRUCTION

☐ Commercial

☐ Industrial

☐ New

☐ Addition

☐ Sprinkler

☐ Hood

☐ Alarm*

☐ Suppression

FEE SCHEDULE

Job Description: _____

Permit fees are based on the value of the work performed.
Indicate the value (round to the nearest dollar) of all
equipment, materials, labor, overhead, and the profit for
the work indicated on this application.

Valuation: \$ _____

Projects designed by a professional engineer or
architect are handled as a Deferred Submittal. These
are required to have said professional sign-off that
the documents are in general conformance to the
design of the building.

*Completed plan checklist is required for Fire
Alarm submittals. See back of application for
checklist.

FIRE ALARM PLAN CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED.

In the space next to each item, identify where the information is shown (such as page number, attachment, etc ...).

Shop drawings for fire alarm systems shall be submitted for review and approval prior to system installation, and shall include, but not be limited to, all of the following, per OSSC Section 907.1.2:

- _____ A floor plan that indicates the use of all rooms.
- _____ Locations of alarm-initiating devices.
- _____ Locations of alarm notification appliances, including candela ratings for visible alarm notification appliances.
- _____ Location of fire alarm control unit, transponders and notification power supplies.
- _____ Annunciators.
- _____ Power connection.
- _____ Battery calculations.
- _____ Conductor type and sizes.
- _____ Voltage drop calculations.
- _____ Manufacturer's data sheets indicating model numbers and listing information for equipment, devices, and materials.
- _____ Details of ceiling height and construction.
- _____ The interface of fire safety control functions.
- _____ Classification of the supervising station.
- _____ Electrical Supervisor signature on Fire Life Safety application.

IF PLANS ARE NOT COMPLETE, YOU WILL BE NOTIFIED AND HAVE 10 BUSINESS DAYS TO SUBMIT ALL THE NECESSARY INFORMATION. YOUR REVIEW DEADLINES WILL NOT BE ESTABLISHED UNTIL ALL THE NECESSARY INFORMATION IS RECEIVED.

Applicant's Signature: _____ Date: _____